



EXECUTIVE DOCUMENT SUMMARY

State Form 41221 (R10 / 4-06)

Approved by State Board of Accounts, 2006

Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

1. EDS Number:		2. Date prepared:	
3. CONTRACTS & LEASES			
<input type="checkbox"/> Professional/Personal Services <input type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Attorney <input type="checkbox"/> MOU <input type="checkbox"/> QPA		<input type="checkbox"/> Contract for Procured Services <input type="checkbox"/> Maintenance <input type="checkbox"/> License Agreement <input type="checkbox"/> Amendment# _____ <input type="checkbox"/> Renewal # _____ <input type="checkbox"/> Other _____	
FISCAL INFORMATION			
4. Account Number:		5. Account Name:	
6. Total amount this action:		7. New contract total:	
8. Revenue generated this action:		9. Revenue generated total contract:	
10. New total amount for each fiscal year: Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____			
TIME PERIOD COVERED IN THIS EDS			
11. From (month, day, year):		12. To (month, day, year):	
13. Method of source selection: <input type="checkbox"/> Bid/Quotation <input type="checkbox"/> Emergency <input type="checkbox"/> RFP # _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Negotiated <input type="checkbox"/> Special Procurement			
35. Will the attached document involve data processing or telecommunications systems(s)? <input type="checkbox"/> Yes: ITOC or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes):			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) N			
38. Justification of vendor selection and determination of price reasonableness:			
39. If this contract is submitted late, please explain why: (Required if more than 30 days late.)			
40. Agency fiscal officer or representative approval		41. Date Approved	42. Budget agency approval
44. Attorney General's Office approval		45. Date Approved	46. Agency representative receiving from AG
			43. Date Approved
			47. Date Approved

AGENCY INFORMATION

14. Name of agency:

15. Requisition Number:

16. Address:

AGENCY CONTACT INFORMATION

17. Name:

18. Telephone #:

19. E-mail address

COURIER INFORMATION

20. Name:

21. Telephone #:

22. E-mail address:

VENDOR INFORMATION

23. PeopleSoft Vendor Number:

24. Name:

25. Telephone:

26. Address:

27. E-mail address:

28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) ☐ Yes ☐ No

29. Primary Vendor: M/WBE
Minority: ☐ Yes ☐ No
Women: ☐ Yes ☐ No

30. If yes, list the %:
Minority: _____ %
Women: _____ %

31. Sub Vendor: M/WBE
Minority: ☐ Yes ☐ No
Women: ☐ Yes ☐ No

32. If yes, list the %:
Minority: _____ %
Women: _____ %

33. Is there Renewal Language in the document?
☐ Yes ☐ No

34. Is there a "Termination for Convenience" clause in the document? ☐ Yes ☐ No

BOX # 1	The EDS number is constructed by combining the agency identification number, the fiscal year, and the last section is assigned by your agency as a unique identifier. MUST BE COMPLETED.
2	Enter the date the EDS is being prepared for routing.
3	Place a check mark by the appropriate type of agreement being routed. If the agreement is a renewal or amendment please insert the sequence number (<i>i.e. renewal #1, amendment #2</i>)
4 & 5	Enter the account number and account name that will fund this agreement.
6	Enter the dollar amount of the agreement being routed.
7	Enter the total dollar amount of the entire agreement (<i>i.e. original contract amount plus any renewals/amendments.</i>).
8	THIS ONLY APPLIES TO MONEY BEING RECEIVED BY THE STATE. Enter the amount of money being received by the agency from this agreement.
9	Enter the total dollar amount of money being received by the State for the entire agreement (<i>i.e. original contract amount plus any renewals/amendments</i>).
10	This box must be completed if a contract crosses fiscal years. Indicate the amount of funding for each appropriate fiscal year. Example: A contract starting in fiscal year 2001 and being completed in fiscal year 2002 would have 2001 with a dollar amount and 2002 with a dollar amount. Ensure that the dollar amounts listed in this box will be equal to the dollar amount for the entire agreement.
11 & 12	Enter the date the agreement will begin and end. If this date is determined by the date of the last signatory, enter an estimated date. THERE MUST BE DATES ENTERED.
13	Check the method used to select the contractor for this agreement. If a special procurement was used, you must attach an approval letter. If no solicitation occurred for contracts in the amount of \$75,000 and over, you must attach a letter of justification.
14 & 16	Enter name and address of agency requesting contract.
15	Enter a requisition number ONLY if your agency is attaching a requisition to the contract during signature cycle.
17, 18, & 19	Enter the name, telephone number and e-mail address of the individual in your agency to contact with questions about the attached agreement.
20, 21, & 22	Enter the name, telephone number and e-mail address of the individual responsible for routing this agreement.
23	Enter the Federal Employment identification number of the contractor. If the contractor is an individual, this could be a social security number. THIS AREA MUST BE FILLED IN TO PROCESS THE AGREEMENT.
24, 25, 26, & 27	Enter the name, telephone number, address and e-mail address of the contractor involved with the agreement. Enter the information necessary for your agency, only the name is vital for contract processing.
28	If your contractor is a corporation and the address is outside of the State of Indiana, they must be registered with the Secretary of State's office to do business with the State of Indiana. (IC 23-17-26 & IC 23-1-49-1 & IC 5-22-16-4)
29, 30 31 & 32	Check "NO" unless a minority owns 51% or more of a company. If 51% or more of the company is minority owned, a 100% should be entered in the percentage space. If a sub-contractor is minority owned, the percentage of the dollar amount of the contract performed by the minority sub-contractor should be entered in the percentage space.
33 & 34	Self-explanatory: Check the appropriate answer for each question.
35	Check this box if this agreement must be submitted to ITOC for approval.
36	Cite applicable Indiana or Federal codes that apply to this agreement.
37	Insert a brief description of the work included in the agreement and why the state should spend the money.
38	Enter the manner of source selection. If a formal BAA/RFP were used merely, enter the BAA/RFP number. If no formal process were used, enter how your agency chose the vendor and how you determined the price offered to be reasonable.
39	If your agreement is being placed in the signature cycle more than 30 days after the agreement has started, enter an explanation as to why. (<i>i.e. start date 7/1/01 put in to signature cycle on 8/5/01</i>)
40 & 41	The agency fiscal officer should initial and date this box.